GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:522
ANSWERED ON:29.08.2001
POPULATION CONTROL
T.M. SELVAGANAPATHI;UTTAMRAO DEORAO PATIL

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any meeting of the National Commission on population has been convened recently to facilitate the newly formed Empowered Action Group in controlling the explosive population of the country;

(b) if so, the details thereof alongwith the outcome of the meeting;

(c) whether any State Government has sent proposal/suggestion in regard to their action plan to stabilise population growth; and

(d) if so, the decision taken by the Union Government thereon?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR)

(a) to (d): A statement is laid on the Table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 522 FOR 29.8.2001

(a) & (b) In pursuance of the decision taken in the meeting of the National Commission on Population, an Empowered Action Group (EAG) was constituted. The first meeting which was termed as `The First Business Session of EAG` was held on 18th June 2001. The eight States of Uttar Pradesh, Madhya Pradesh, Bihar, Rajasthan, Orissa, Chattisgarh, Jharkhand and Uttaranchal were covered in the first meeting on the basis of their low socio-demographic indicators and high population growth rate. Details and the outcome of the meeting are annexed.

(c) & (d) The States which attended the above said meeting made State specific presentations.They were further requested to identify priority areas for their Action Plan to enable the Central Government to initiate necessary mechanisms for support.While the State Governments are formulating their Action Plans, the Central Government has simultaneously initiated the following schemes highlighted in the Annual State and District Action Plans received in response to Community Needs Assessment Approach :-

1. Maternal Health

- Promoting 24 hour delivery service at Primary Health Centres (PHCs) and Community Health Centres (CHCs)
- Contractual appointment of additional ANMs
- Contractual appointment of Staff Nurses and Laboratory Technicians
- Providing referral transport to indigent families for obstetrics emergencies
- Training of traditional birth attendants (dais)
- Providing safe motherhood consultant in PHCs, CHCs and sub-district hospitals
- Providing private anesthetists for attending to emergency obstetric cases at First Referral Units (FRUs)
- Integrated financial envelop for providing flexibility to better performing states to enable them to design package of interventions to address problems of maternal health care
- Reproductive and Child Health Camps for improving access of services of specialists like gynecologists and pediatricians
- Development of cadre of nurse midwives in public and private sector
- Training programme for doctors for providing anaesthesia
- In-service training of para-medical staff

2. Child Health

- Immunisation strengthening activities
- Operationalisation of district new born care
- Home based neo-natal care
- RCH outreach services for remote and comparatively weaker districts and urban slums

- Border district cluster strategy
- Integrated management of child illness
- Introduction of Hepatitis-B Vaccine to infants along with primary doses of DPT vaccine
- Development of a cadre of community based mid-wives
- Setting up of adolescent health clinics
- Eradication of polio by 2002

3. Contraception

- Increased choice of contraceptives
- Development of emergency contraceptives
- Community based social marketing of contraceptives
- Ensuring quality care services

4. Publicity and advocacy

- Revised strategy for information education and communication
- Media advocacy for effective participation by all stakeholders in implementation of National Population Policy

5. Involvement of Non Government Organizations

- Enhancing public private partnership
- Involvement of voluntary, non government and corporate sector

6. Strengthening Primary Health Care Services

- Providing additional funds for strengthening sub-centres through Prime Minister Gramoday Yojana (PMGY)
- Providing delivery kits and essential drugs
- Revising norms of rent and contingent expenditure

7. Integration of Indian Systems of Medicine (ISM&H)

- Seven Ayurvedic and five Unani medicines have been included in the list of drugs provided to sub-centres, Ayurvedic hospitals and dispensaries in 9 States namely Himachal Pradesh, Madhya Pradesh, (Chhatisgarh), Rajasthan, Uttar Pradesh, (Uttaranchal), Karnataka, Tamil Nadu and Kerala, and in four cities of Delhi, Lucknow, Aligarh and Hyderabad. These medicines are in addition to the allopathic drugs already being supplied as part of drug kits to sub-centres.

- Encouragement of raising of vanaspati van
- Improving awareness and availability of ISM remedies
- Undertaking ISM related research schemes

8. Convergence of services through Health Melas

Health Melas -aim to demonstrate the need for quality services, with convergence and integrated delivery for all segments of population. People become aware of a number of options before them in terms of the different systems of medicine (allopathy, homeopathy, ayurveda and unani). People begin to comprehend the linkages between preventive, promotive, curative and rehabilitative health care as well as between the primary, secondary - tertiary health sectors. They get sensitised to the role of Central Government, State Government, elected local bodies, NGOs and professional organisations. The pre-mela demographic and

epidemiological surveys provide vast amounts of data about a given city and its rural hinterland.

9. Mini Melas in the form of RCH Camps

In order to make access of services of specialists like gynecologists and pediatricians to people living in remote areas where the existing services at PHC level are under utilised, a scheme for holding camps have been initiated in 1020 PHCs in 102 districts covering 17 states from January, 2001.

ANNEXURE

Action points identified during First Business Session of EAG held on 18.6.2001 under the chairpersonship of Dr. C.P Thakur, Minister for Health & F. W.

(A) Action Points for States

The EAG resolved to work with the participating State in formulating their action plan for improving the service delivery.It was agreed that the plans will be prepared on the basis of the following:

(i) State presentations demonstrated that services can be improved by making better use of resources such as multi-skilling of paramedical workers, multi use of buildings, improving logistics management, allowing hospitals to retain user charge collections and use the same for facility improvement and so on. In other words, while additional resources may be necessary, the convergence issues must be addressed as first priority. Therefore, proposals for resolving the systemic issues relating to key areas such as human resource management, logistics management, mainstreaming of Indian Systems of Medicine practitioners, integration of vertical societies at State and district levels, regular release of funds to operational levels, joint planning/training for the field staff of the cognate departments, greater autonomy to the districts and within districts, to hospitals and Panchayati Raj Institutions should be integral parts of the plan.

(ii) Within a State incremental investments (that may be provided by the EAG) will be aimed at bridging the intra-state demographic divide. A key objective in this regard would be to ensure, through a systemic re-structuring of manpower in association with physical improvement, that the distant and sub-divisional hospitals in the backward districts in a State provide the full range of RCH services including 24-hour availability of essential obstetric services.

(iii) The new States Chhatisgarh, Jharkhand and Uttaranchalmay include in their plans proposals for strengthening their planning and monitoring infrastructure.

(B) Action points for other Ministries/Departments

(i) A major proportion of the funds available under the Rural Connectivity Scheme, drinking Water Supply Scheme, the Swaran Jayanti Gram Swarojgar Yojana Scheme and other centrally sponsored schemes of the Department of Rural Development, should be directed to the backward districts. Proposals for utilization of the Central Assistance for these schemes will be integral to the State Plan.

(ii) It should be possible to utilize the funds available under Pradhan Mantri Gramodaya Yojana for primary education to enhance female literacy in EAG districts.

(C) Action points for Department of Family Welfare

(i) The Department of Family Welfare will review the Community Needs Assessment Approach forms and guidelines to make them short and simple. Financial help and technical assistance will also be made available for fresh training, wherever States expressed such need.

(ii) The Department of Family Welfare will review the provisions of the Medical Termination of Pregnancy Act vis-a-vis the Prenatal Diagnostic Technique Act, to examine whether the provisions of the two may be inconsistent.

(iii) The Department of Family Welfare will also review, in collaboration with the Medical Council of India, the standards laid down for laparscopic ligation so as to enable the MBBS doctors to perform such operations.

(iv) The BAG will help the States to formulate a suitable indemnity insurance scheme for the public sector doctors to protect them against claims arising from failed sterilization operations.

(v) The Department of Family Welfare Link Officers (and the representatives of donor agencies active in the State) will actively participate in the preparation of the State plans. If necessary, the EAG may arrange additional technical assistance for a State to facilitate the plan preparation exercise.

(vi) The EAG will give particular attention to systemic changes. In this regard, the EAG will seek to facilitate the change process by (a) appropriate policy development at the Centre, (b) provision of technical assistance to States, and (c) closer monitoring and accountability. The EAG will facilitate the process of learning through exchange of experiences, within the country.

(vii) The EAG States will be encouraged to introduce improved contraceptives in a phased manner and the EAG will seek to mobilize additional resources for this purpose, if necessary.

(viii) 100% of requirement of condoms in these eight States of EAG for next three years will be met provided the State Governments ensure minimum wastage and maximum availability of condoms to the people, as per their needs.

(ix) Each EAG State may organize 5 Health Melas in 2001-02, for which funds will be made available by Department of Family Welfare.

(x) To ensure ready availability of drugs to the needy and for maintaining strong logistics management system through the computer for various activities of supply Hindustan Latex Limited will provide the support for logistics in these eight States.

(xi) An amount of Rs.45 lakhs each released under Reproductive and Child Health Services, to the states of Uttar Pradesh, Rajasthan, Madhya Pradesh, Bihar and Orissa for IEC activities with the condition to utilize 30% of the total amount on mass media activities and 70% of the amount on sensitization purposes may be utilized to create awareness on the activities of EAG.